



revised 11/13/2015 10:46:00 AM

FACILITY COMPLIANCE AUDIT REPORT

Division of Waste Management Solid Waste Section

UNIT TYPE:										COUNTY: Wake PERMIT NO.: SLAS 92-03 FILE TYPE: COMPLIANCE		
Lined MSWLF		LCID		YW		Transfer		Compost			SLAS	<input checked="" type="checkbox"/>
Closed MSWLF		HHW		White goods		Inciner		T&P			FIRM	
CDLF		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO			SDTF	

Date of Audit: 10/21/2015

Date of Last Audit: 7/22/2015

FACILITY NAME AND ADDRESS:

Pearce Backhoe & Septic Tank Service
 5008 Rogers Road
 Rolesville, NC 27571

GPS COORDINATES: N: 35.9202 W: -78.4772

FACILITY CONTACT NAME AND PHONE NUMBER:

Name: Frank Pearce
 Telephone: (919) 556-5018
 Email address: pearce1980@embarqmail.com
 Fax: (919) 556-0917

FACILITY CONTACT ADDRESS:

Same as above

AUDIT PARTICIPANTS:

Everett Coates

STATUS OF PERMIT:

Active

PURPOSE OF AUDIT:

Routine and soil sample collection

STATUS OF PAST NOTED VIOLATIONS:

N/A

OBSERVED VIOLATIONS:

N/A

SEE PAGE TWO



FACILITY COMPLIANCE ANNUAL REPORT
Division of Waste Management
State Waste System

DATE	TIME	LOCATION	DESCRIPTION	STATUS
12/15/88	10:00	Waste Transfer Station	Annual Compliance Inspection	Pass
12/15/88	11:00	Landfill	Annual Compliance Inspection	Pass
12/15/88	12:00	Waste Transfer Station	Annual Compliance Inspection	Pass
12/15/88	1:00	Landfill	Annual Compliance Inspection	Pass
12/15/88	2:00	Waste Transfer Station	Annual Compliance Inspection	Pass
12/15/88	3:00	Landfill	Annual Compliance Inspection	Pass

Date of Report: 12/15/88

1. Facility Name: [Name]

2. Facility Address: [Address]

3. Facility Phone: [Phone]

4. Facility Fax: [Fax]

5. Facility Email: [Email]

6. Facility Website: [Website]

7. Facility Type: [Type]

8. Facility Size: [Size]

9. Facility Owner: [Owner]

10. Facility Operator: [Operator]

11. Facility Manager: [Manager]

12. Facility Contact: [Contact]

13. Facility Status: [Status]

14. Facility Notes: [Notes]

15. Facility Comments: [Comments]

16. Facility Remarks: [Remarks]

17. Facility Observations: [Observations]

18. Facility Findings: [Findings]

19. Facility Recommendations: [Recommendations]

20. Facility Action Plan: [Action Plan]

21. Facility Corrective Action: [Corrective Action]

22. Facility Follow-up: [Follow-up]

23. Facility Closure: [Closure]

24. Facility Reopening: [Reopening]

25. Facility Status Change: [Status Change]

26. Facility Compliance: [Compliance]

27. Facility Enforcement: [Enforcement]

28. Facility Penalties: [Penalties]

29. Facility Fines: [Fines]

30. Facility Citations: [Citations]

31. Facility Violations: [Violations]

32. Facility Non-Compliance: [Non-Compliance]

33. Facility Deficiencies: [Deficiencies]

34. Facility Improvements: [Improvements]

35. Facility Status: [Status]

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Solid Waste Section

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ADDITIONAL COMMENTS

1. All field boundary markers must be established before septage application.
2. The required signs are posted at the site entrance and the access road is adequate.
3. There has been no recent application and there are no odors.
4. Control weeds before beginning application of septage.

Please contact me if you have any questions or concerns regarding this inspection report.


Everett L. Coates

Phone: (919) 856-5380

Wake County Representative

Sent on:		Email	X	Hand delivery		US Mail		Certified No. <input type="checkbox"/>
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ADDITIONAL COMMENTS:

1. All listed materials are located at the site of the proposed project.
2. The materials are located at the site of the proposed project.
3. The materials are located at the site of the proposed project.
4. The materials are located at the site of the proposed project.

The materials are located at the site of the proposed project.

Responsible Party: [Name]

Date: [Date]

Signature: [Signature]